

EXHIBIT D

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015
Beneficiary Liability

Chapter 2

Addendum B

Pharmacy Benefits Program - Cost-Shares

Revision: C-43, November 27, 2019

FIGURE 2.B-1 PHARMACY PAYMENT MATRIX - CALENDAR YEAR 2020/2021 COST-SHARES

TRICARE Pharmacy (TPharm) Copayments/Cost-Shares in the United States (U.S.) (including Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Marianna Islands)			
PLACE OF SERVICE	FORMULARY		NON-FORMULARY
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	(TIER 3)
Military Treatment Facility (MTF)/ Enhanced Multi-Service Market (eMSM) Pharmacy (up to a 90-day supply)	\$0	\$0	Not Applicable
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$10	\$29	\$60
TRICARE Retail Pharmacy Network (up to a 30-day supply)	\$13	\$33	\$60
Retail Non-Network Pharmacy (up to a 30-day supply) Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and then file a claim to receive partial reimbursement.	TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles. See Section 2 for deductibles. For those who are not enrolled in TRICARE Prime: \$33 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 for deductibles.		TRICARE Prime: 50% cost-share after POS deductibles. See Section 2 for deductibles. For those who are not enrolled in TRICARE Prime: \$60 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 for deductibles.
Note: If medical necessity is established for a non-formulary drug, patients may qualify for the \$33 copayment for up to a 30-day supply at the retail POS or a \$29 copayment for a 90-day supply at the mail POS. Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP. Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit. Approved medications for smoking cessation will be available at the TMOP for up to a 60-day supply per fill, at \$0 copayment.			

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FIGURE 2.B-2
SHARES**PHARMACY PAYMENT MATRIX - CALENDAR YEAR 2018/2019 COST-**

TRICARE Pharmacy (TPHarm) Copayments/Cost-Shares in the United States (U.S.) (including Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Marianna Islands)			
PLACE OF SERVICE	FORMULARY		NON-FORMULARY
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	(TIER 3)
Military Treatment Facility (MTF)/ Enhanced Multi-Service Market (eMSM) Pharmacy (up to a 90-day supply)	\$0	\$0	Not Applicable
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$7	\$24	\$53
TRICARE Retail Pharmacy Network (up to a 30-day supply)	\$11	\$28	\$53
Retail Non-Network Pharmacy (up to a 30-day supply) Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and then file a claim to receive partial reimbursement.	TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles. See Section 2 for deductibles. For those who are not enrolled in TRICARE Prime: \$28 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 for deductibles.		TRICARE Prime: 50% cost-share after POS deductibles. See Section 2 for deductibles. For those who are not enrolled in TRICARE Prime: \$53 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 for deductibles.
Note: If medical necessity is established for a non-formulary drug, patients may qualify for the \$28 copayment for up to a 30-day supply at the retail POS or a \$24 copayment for a 90-day supply at the mail POS. Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP. Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPHarm benefit. Approved medications for smoking cessation will be available at the TMOP for up to a 60-day supply per fill, at \$0 copayment.			

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FIGURE 2.B-3 PHARMACY PAYMENT MATRIX - FISCAL YEAR 2017 COST-SHARES

TRICARE Pharmacy (TPharm) Copayments/Cost-Shares in the United States (U.S.) (including Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Marianna Islands)			
PLACE OF SERVICE	FORMULARY		NON-FORMULARY
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	(TIER 3)
Military Treatment Facility (MTF)/ Enhanced Multi-Service Market (eMSM) Pharmacy (up to a 90-day supply)	\$0	\$0	Not Applicable
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$0	\$20	\$49
TRICARE Retail Pharmacy Network (up to a 30-day supply)	\$10	\$24	\$50
Retail Non-Network Pharmacy (up to a 30-day supply) Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and then file a claim to receive partial reimbursement.	TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles. See Section 2 , for deductibles. For those who are not enrolled in TRICARE Prime: \$24 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 , for deductibles.		TRICARE Prime: 50% cost-share after POS deductibles. See Section 2 , for deductibles. For those who are not enrolled in TRICARE Prime: \$50 or 20% of total cost, whichever is greater, after annual deductible is met. See Section 2 , for deductibles.
Note: If medical necessity is established for a non-formulary drug, patients may qualify for the \$24 copayment for up to a 30-day supply at the retail POS or a \$20 copayment for a 90-day supply at the mail POS. Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP. Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit. Approved medications for smoking cessation will be available at the TMOP for up to a 60-day supply per fill, at \$0 copayment.			

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